STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
1. NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
RIPTIDE POLIT	TICAL ACTION COMMITTEE			
ADDRESS (number and s	22780 Indian Cree	k Drive, Ste 100		
(Check if address is changed)	Dulles			20166
		CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one Todd@morganme			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)			1 1 1 1 1 1 1 1	
2. DATE 1.2	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00430934		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	N)	
·	ned this Statement and to the best of my l		ect and complete	
Type or Print Name of	Treasurer D. Todd Welet	11(11		
Signature of Treasurer	Electronically Filed by D. Todo	Meredith	Date 08	19 / Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information ANY CHANGE IN INFORM	may subject the person signing this	•	
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9	mmission 530	FEC FORM 1 (Revised 02/2009)